Shifting attributions, shaping behaviour: a brief intervention with youth tennis players

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Abstract

This case reports a brief attribution retraining intervention with youth tennis players. Athletes were struggling to maintain emotional control, resulting in problematic on-court behaviour (e.g., racket throwing). The intervention used Think Aloud protocol and attribution retraining across five key phases: (a) assessment, (b) psychoeducation, (c) attribution retraining, (d) evaluation, and (e) follow-up. We determined intervention effectiveness using qualitative (Think Aloud) and quantitative (CDS-II) athlete data, feedback provided by athletes and the coach, alongside practitioner reflections. Evaluation suggested attribution retraining and TA interventions can improve athletes emotional control and attribution capabilities and in turn behaviour. The case seeks to present a novel approach to working with youth athletes, highlighting the importance of practitioner adaptability.

Key Words: *Youth Sport, Attribution Retraining, Think Aloud,*

Shifting Attributions, Shaping Behaviour: A Brief Intervention with Youth Tennis Players

Context

At the time of the intervention, I was a trainee sport and exercise psychologist in year two of a professional doctorate programme. I was on placement in a tennis organisation and had been there for approximately six months. My role was to provide psychological support to youth athletes to enhance their performance and well-being under an over-arching theme of positive youth development (Thelwell et al., 2018). The present case explores a novel behaviour change intervention in youth sport, highlighting challenges associated with continuing consultation during a global pandemic.

At the time of the placement, I was also a coach in the organisation. I perceived the coach-psychologist role to mitigate common challenges with initiating contact, developing relationships and securing buy-in (Holt & Strean, 2001). My playing and coaching experience provided me sport-specific and contextual awareness that may for others have been a longer process. Having dual-roles, however, presented various challenges including establishing and maintaining boundaries (Waumsley, 2010). For example, although I perceive myself to adopt an autonomy-supportive coaching style, it was important to address power-imbalances, shifting ownership further towards the players during consultancy and psychological support sessions, due to my philosophical perspectives (Rocchi et al., 2013). I had initially been apprehensive about consulting in tennis. I feared being too close to the sport, transferring my own experiences as an athlete on to those I worked with, or becoming lost in the moment as athletes shared their own. The doctorate programme's built-in peer and supervisory support meant this felt an appropriate time to navigate the path of practicing in 'my' sport.

Theoretical Orientation

As a trainee sport and exercise psychologist my philosophy of practice is evolving as I gain theoretical and applied experiences (Tod et al., 2011). The present case is underpinned by cognitive behavioural therapy (CBT; Beck, 1987), the prescribed therapeutic modality for year two of the doctorate programme. CBT is founded on the assertion that an individual's cognitions, feelings and behaviours are reciprocally related (Dozois & Beck, 2011). Emphasising learning theory, one can learn to recognise, evaluate and adapt, one's cognitions. We consider such cognitive change critical to therapeutic outcomes, facilitating behavioural and emotional changes (McArdle & Moore, 2012). Through collaborative empiricism, the psychologist seeks to work with clients in developing cognitive skills and strategies, intending to foster sustained positive development (McCarthy, 2018). That being said, I would consider myself humanistic in my approach in that I believe every individual is capable of change and that as their experience is unique, they hold the best insight (Rogers, 1959). This grounding foundation weaves through my practice in which the relationship is of central importance, a factor I perceive epitomises the work I have completed with sport psychologists as an athlete.

The Case

The client was the tennis organisation. Consultancy was established following conversations with the head coach on how to further develop the coaching programme and support for athletes. The head coach highlighted increased difficulties with athletes on-court performance behaviours. Problem behaviours appeared associated with emotion regulation capabilities and included: crying, racket throwing and 'tanking' (where an athlete deliberately tries to lose a match). These behaviours were exhibited infrequently during training, but increased in frequency and intensity during competition. While typically maladaptive, such behaviours are normalised in tennis, being modelled by elite athletes (Hanegby & Tenenbaum, 2001). The athletes were eight youth tennis players (seven males, one female, M_{age} = 13.37, age range: 12-16). Players were competing at a minimum of county level and had an average

of 5.38 (*SD = 2.45)* years competitive experience and were considered ‘sub-elite’ (Swann et al., 2015). The head coach deliberately prioritised athletes for psychological support for athletes he perceived would gain most value, due to competitive behaviours and time-investment. Five of the eight athletes received additional individual support sessions with me (first author) during the intervention period (one to twelve sessions). All athletes were offered this additional service. The remaining athletes did not seek support when provided the option.

Needs Analysis

The initial needs analysis focussed on capturing players' experiences and perspectives (Keegan, 2016). Each athlete completed an individual performance profile, identifying psychological attributes perceived as important to sport success, scoring their perceived ability (Butler & Hardy, 1992). Profiles and informal discussions highlighted little awareness of their emotions and emotion-regulation capabilities, despite a high perceived importance amongst the group. To raise self-awareness, I asked players to track emotional experiences during practice sets using momentum charts (Figure 1). Athletes indicated at the end of each game point outcome (point won = upward line, point lost = downward line) and how their emotions shifted (positive = upward line, negative = downward line) to provide space for consideration and a visual representation (Hughes et al., 2013). Athletes were also asked to indicate any moment they felt was particularly important (either outcome or emotion based) for example ‘really anxious before my second serve’ or ‘silly decision lost me the game.’ Emotional responses typically tracked point outcomes of ‘good’ or ‘bad’ consistent with previous literature (Lewis et al., 2017). In instances where points were perceived as ‘bad’ an increase in problematic behaviours were observed (e.g., racket throwing). While this was not formally measured, my observations, coach feedback and player reflections (through discussion) endorsed this opinion.

< Place Figure 1 about here >

I attended a supervision session intending to discuss an emotion regulation or labelling intervention. Supervisory discussions suggested exploring causal attributions ('good' or 'bad' because) may be more appropriate. Independent reading suggested an attribution approach would be more consistent with CBT's focus on cognitive mechanisms (Cattie et al., 2020). In addition, players' developmental stage suggested recent differentiations may affect emotional responses in causal reasoning (McCarthy et al., 2008). I then developed a tentative working formulation using Wills and Sanders (2013) protocol. We considered players' dysfunctional attributions the trigger for negative automatic thoughts, underpinning emotional and behavioural responses. The therapeutic plan, discussed with athletes, coach, my supervisor and I, was to use an attribution retraining intervention to modify this sequence (Försterling, 1988).

Intervention: An Attribution Retraining Intervention (AR)

In seeking to develop a meaningful intervention, I sought intervention-specific supervisory input. After consideration, my supervisor and I decided it to develop a 'wise' intervention. A wise intervention is a brief, psychologically-precise approach to intervention development and application, focusing on the inferences individuals draw from their experiences using 'families' of psychological processes and categories of intervention techniques (see Walton & Wilson, 2018 for a review). The approach appeared congruent with contextual needs (e.g., deliverable in context and time frame) having been used in previous AR (e.g., Parker et al., 2018) and CBT (e.g., Boese et al., 2013) literature. We thus developed an intervention protocol including five key phases: (a) assessment; (b) psychoeducation; (c) AR; (d) evaluation; and (e) follow-up (Table 1.).

<Place Table 1 about here>

Assessment

Phase one involved the assessment of athlete causal attributions. The phase aimed to assess and provide an understanding of athlete attributions, enabling intervention tailoring and

aiding efficacy evaluations. I initially identified the revised causal dimension scale (CDS-II; McAuley et al., 1992) a commonly used measure in sport and youth populations with satisfactory psychometric properties (e.g., Ball, 2013). The CDS-II reflects an individual's attribution of global (match) outcomes. Tennis matches, however, involve an average of 127 discrete (point) outcomes (Kovalchik & Reid, 2017). I considered it important to gain a point-by-point perspective, providing insight into player cognitions at the point of problematic behaviour, not just on reflection, mitigating challenges of retrospective recall. I used the CDS-II with Think Aloud (TA; Ericsson & Simon, 1993). TA, a real-time method involving players verbalising cognitions during performance, provided this point-by-point insight (Eccles & Arsal, 2017). Level 2 TA was used (see Ericsson & Simon, 1993) which involves athletes verbalising an internal representation of information not originally in verbal code (e.g., movement or visual stimuli). Using Level 2 TA was deemed sufficient to meet assessment aims (e.g., generate understanding of athletes cognitive processes) without significantly impacting performance, while also being stage-appropriate and consistent with previous research in tennis (Oliver et al., 2020; Swettenham et al., 2020; Whitehead et al., 2016).

All athletes attended a session lasting approximately 90 minutes. The first 30 minutes involved a TA briefing; including a series of traditional (a) counting and b) arithmetic) and sport-specific (a) general tennis match warm-up, b) forehand cross-court drill) training tasks (Birch & Whitehead, 2020). Players then completed a TA short-set (set to four games), a scoring format considered long enough to gain meaningful data without being too erroneous. A short-set was selected over formats from previous research (e.g., tiebreaks; Swettenham et al., 2020) as while similar in duration, short-sets were considered more realistic and representative of real-world competition. Coach and player feedback (in addition with my knowledge/observations) highlighted increased competitivity in set-play vs. tiebreaks. In addition set-play more acutely captures the ebbs and flows of competitive tennis and scoring

complexities (e.g., Simpson's paradox; Blyth, 1972) which may influence nuances of athlete attribution. Players were instructed to verbalise cognitions between every point, and were provided with between point cues to remind them.

On completion, players completed the CDS-II. All athlete data was transcribed verbatim and coded. Attribution responses accounted for 30% of TA vocalisations. Vocalised attributions typically corresponded with losing points and were dysfunctional (78%). Remaining vocalisations comprised instructional self-talk (17%), motivational self-talk (23%), reactive utterances (22%) or other utterances (e.g., score; 8%; see Table 2). Trends in the CDS-II reflected match outcomes. Winning players reported more functional attributions, while losing players reported dysfunctional attributions. Increased dysfunctional attributions corresponded with negatively-valanced emotions in TA data and observed problem behaviours.

< Place Table 2 about here >

Vocalised self-talk in tennis is common, providing familiarity with the concept of TA, even for young athletes (Thibodeaux & Winsler, 2018). TA, however, can be uncomfortable because it is unusual to verbally share your thoughts, particularly when there is an understanding that someone will be listening to them, which may have influenced athlete thought processes (Double & Birney, 2019; Whitehead et al., 2016). Consistency between CDS-II and TA somewhat alleviates this concern, although response-biases are still plausible. I perceived my therapeutic relationships with athletes, characterised by trust and unconditional positive regard eased this process, enabling information more representative of athlete experiencing to be captured (Longstaff & Gervis, 2016). Players were offered to receive their TA recording and the opportunity to discuss the recording with me. Six players took this opportunity in individual sessions. Following analysis of recordings, in a minor re-formulation, specific cognitions, emotions and behaviours were added. Each athlete was individually shown the initial formulation, ensuring they held an understanding of what we were doing and why,

and had the opportunity to provide personal input, maintaining collaborative empiricism (Fuggle et al., 2013). Therefore, each athlete entered phase two with a 'generic' formulation of the process, individualised to both their TA data and feedback (e.g., specific examples added).

Psychoeducation

In phase two, athletes were provided with psychoeducational workbooks. Workbooks contained guided discovery tasks to help athletes to identify, understand and challenge their thoughts, feelings and behaviours (McArdle & Moore, 2012). Providing athletes with an understanding of the CBT model and process of change underpins effective CBT practice (Kennerley et al., 2017). In addition, psychoeducation is suggested to facilitate increased motivation, self-empowerment and help-seeking behaviours (Friedberg & Paternostro, 2019). Tasks were developed using previous literature and tailored to athletes' cognitive-developmental stage for example use of language, level of depth considered achievable (e.g., Greenberger & Padesky, 2016). The workbook was structured to become progressively more challenging (e.g., from identifying to challenging cognitions) to provide opportunities for learning and success (Cappucio et al., 2019). The workbook included tasks on: identifying feelings, differentiating feelings and cognitions, the impact of feelings and cognitions on behaviour, types of cognition and challenging cognition (for an example see figure 2).

< Place Figure 2 about here >

Athletes were provided a two-week period to complete workbooks in their own time, enabling them to cover content at their own pace (McCarthy et al., 2010). I regularly checked in with athletes across this period, offering opportunities to ask questions, however they did not receive any formal-training, allowing for self-guided learning. Upon completion, each athlete had a brief individual session (approx. 15 minutes) to recap tasks in the CBT workbook, and reinforce learning (Turnnidge et al., 2014). Providing this flexibility enabled deeper conversation and enhanced therapeutic relationships. The athlete group are highly competitive,

often engaging in social comparison against one another (as highlighted in workbooks!). In doing this phase individually, I felt able to respond more effectively to client needs (e.g., more/less input), without risking fracturing another player's perceived competence, or individual athlete relationships. With the therapeutic relationship accounting for a significant proportion of client change, I considered managing these individual relationships in a group context pivotal to achieving my role (Lambert & Barley, 2001). Overall, I was impressed by the detail and engagement in athlete workbooks and was satisfied they had an appropriate grasp of key concepts. I perceived this to be critical, as it would be inappropriate to progress the intervention had this not been the case (Stallard, 2013). Maintaining the dynamicity of the formulation, we added individual data from player workbooks to enhance accuracy.

Attribution Retraining

Consistent with previous protocols, the AR phase contained two components: AR induction and consolidation (Haynes et al., 2009). The AR induction encouraged players to use functional attributions when explaining performance (Chodkiewicz & Boyle, 2014). I intended to facilitate AR using group discussions with athletes and coaches. Such an approach would align with previous AR literature and sporting research suggesting involving significant others (e.g., coaches) can be beneficial to intervention efficacy (Henriksen et al., 2019).

At this point in the intervention, however, in-person activities at the organisation were suspended because of a national lockdown (i.e., COVID-19). As a result, consultations were required to move to online platforms. Considering ethical parameters and my perceived competency, delivering this component at a group-level no longer felt workable (BPS, 2018). Instead, I produced a video covering this content, including the basic concept of attributions and their potential role in performance that was delivered online. Practice examples for functional/dysfunctional attributions in the video were extracted from athletes' TA data and anonymised, to increase relatability and reflect athlete perspectives.

Each athlete then received an individual AR consolidation session, ranging from 15 to 25 minutes in duration. I encouraged athletes to present explanations for a memorable previous performance. Memorable performances were performances that were recent/powerful enough for recollection. No requirement of outcome or attribution was stipulated. We then discussed if these attributions were functional or dysfunctional. If the athlete considered a thought dysfunctional, we collaboratively discussed alternative thoughts (Parker et al., 2016). The consolidation session was supplemented with a failure-task, designed to provide opportunities to implement learning (Haynes et al., 2009). The failure task was intended to be completed using on-court point-play. Although not possible, I wanted to create a challenge involving a tennis ball/racket to contextualise learning. Athletes thus completed progressively complex small-space ball-control skills and were asked to provide real-time attributions for failure and success. Athletes were asked to find a large enough space to use their racket (e.g., garden) and asked to perform skills (e.g., continuous bounces on one-string face compared to continuous bounces on racket frame).

Evaluation

The evaluation phase was intended to mirror the assessment phase. The continuing lockdown, however, ruled out gathering TA data. Athletes were receiving a fitness programme from the coach, although as this was self-administered no observation or feedback about player development from coaches was available. I considered creating alternative competitive scenarios (e.g., competitive TA task on online platforms). Because artificially created tasks would unlikely evoke the same strength/type of response, I chose not to (Fernandez-Fernandez et al., 2015). As an objective marker of efficacy, players still completed the CDS-II, reflecting on their most recent competitive performance.

Results suggested a positive intervention with player scores trending towards more functional attributions for performance (*Mchange =2.3, SD = .86*). Although positive, I found

these findings highly limited by the omission of TA data because it was challenging to account for memory effects, or how accurately results translate to practical performances/contexts (Harris et al., 2013). In addition, individual sessions highlighted players developing capacity to rationalise results when emotional intensity decreases. Increased rationality, may in-itself have led to more functional attributions being reported. This process, while frustrating, re-affirmed the requirement to have a follow-up period, although the timing for this follow-up was unclear. Initially intended to explore if intervention effects were sustained over time, the follow-up period now acted as a primary indicator of efficacy (Didymus & Fletcher, 2017).

Follow-Up

The follow-up period to assess intervention efficacy occurred 8 months after the intervention concluded. Over this period, athletes had periods where they could not train (four months), could train but not compete (two months) and could both train and compete (two months). The re-introduction of competition felt an appropriate time to conduct a follow-up as the initial presenting problems were associated with competition more than training. TA data was collected from five of the athletes (four males, one female) using the same protocol from the assessment phase. It was not possible to collect TA data from the other three athletes because of injury/illness (n = 2), and the reinstatement of travel restrictions (n =1). All eight players completed the CDS-II, with the remaining three completing the scale online. Athlete scores remained relatively consistent with results from the evaluation change *Mchange = +.053, SD = .24;* Table 3*.)*, providing evidence that brief AR interventions may have a facilitative and sustained influence on athletes' attributional tendencies. Findings align with the concept of ‘wise’ interventions in that interventions do not have to be long in duration, if psychologically precise and contextually meaningful (Walton & Wilson, 2018).

<Place Table 3 about here>

Regarding TA, types and frequencies of vocalisations mirrored the assessment phase. Vocalised attributions (22% of responses) were more common after losing points and were dysfunctional (68%). However, dysfunctional attributions (e.g., 'urgh, come on man, the wind's right against me, and he's so lucky') were often directly followed by instructional self-talk that implicitly demonstrated perceived control (e.g., 'I am going to have to put a lot of kick on'; Table 3). Anecdotally, this reduced the duration of negative affect following negative outcomes. Remaining vocalisations comprised instructional self-talk (21%), motivational self-talk (25%), reactive utterances (9%) and other utterances (e.g., singing 'Yes sir, I can boogie'; 23%). The increased use of other utterances (e.g., singing) could also indicate functional attributions, with increases in perception of control and ability to change likely to create more relaxed performances (Reeves et al., 2011). It may be that while athletes' instinctive response (e.g., immediately after outcome) could be dysfunctional, the impact on performance is mitigated when immediately followed by functional or constructive attributions.

<Place Table 4 about here>

Overall Evaluation

Designed to influence players' on-court behaviour, evaluating the efficacy of the intervention was challenged by the ongoing pandemic. Evaluation though is critical from ethical (e.g., accountability) and professional development standpoints (BPS, 2018). Evaluation of the intervention process was guided by Anderson et al.'s (2002) framework, supplemented by personal reflections (Cropley et al., 2010). The first component psychological skills has been previously addressed. The second component is performance. TA data and anecdotal evidence (e.g., player and coach reflections) suggest marginal improvements. Players discussed feeling better equipped to manage failure, which is in-itself likely to improve performance and behaviours (Murray et al., 2020). Anecdotally changes in behaviour were reported by the coach and observed (e.g., stopping before throwing racket, reduced frequency

of tears). Unfortunately, as competition had not been resumed, it was not possible to ascertain if behavioural changes translated to competitive environments where they were most prominent. This change may be influenced by shifts in perspective regarding the importance of tennis 'success' while unable to participate (Wadey et al., 2013).

The third component of the framework is quality of support. A player feedback form was created incorporating key themes from evaluation questionnaires/literature (e.g., Sharp & Hodge, 2014). Player responses were widely positive, with athletes responding seven/ten or greater on all items. Feedback on my characteristics as a psychologist appeared higher for those receiving individual support. While anticipated, this is something to consider when delivering to broader audiences. While positive, limited negative player-coach feedback increases the importance of supervision, reflective practice and checking-in regularly with the athletes. The final component of the framework is players responses to support. Players demonstrated high levels of engagement and adherence, an indicator of strong psychologist-player relationships (Mack et al., 2019). This also illustrates players' desire for improvement, with engagement critical to effective CBT practice (McArdle & Moore, 2012). In an unintended consequence, players' engagement in individual psychological support (running parallel) increased, suggesting an increased openness.

Reflections

Reflection is a powerful process, critical to effective practice and practitioner development (Cropley et al., 2010). The present reflection will briefly cover what I consider pragmatic (for future practice), and personal reflections (that underpin these processes) from this intervention, considering relevance to applied practice. Pragmatic reflections are initially considered within Johns' (1994) frequently cited reflective model (e.g. Anderson et al., 2004).

Pragmatic Reflections

I perceive the influence of the intervention to have extended beyond the intended goals. Particularly regarding TA, which provided overwhelming learning opportunities for the players and me. At times, the additional insight shocked me, with player verbalisations not always aligning with players' outward projections and as such my expectations. For example, athletes who visually appeared calmest (behaviourally) where often the ones using expletives repeatedly. The use of TA reaffirmed the importance of looking beyond behaviour, or more 'obvious' paths for interventions, to truly capturing athlete experiencing. For the athletes, it made work more tangible, often providing a hard reality check, with nowhere to hide (Middlemas & Harwood, 2018). The sentiment of 'wow I sound/said that' mirrors those I have experienced with process reports. If re-running a similar intervention, I would encourage the use of video. I perceive this would have enhanced the impact, with players observing the correlation with self-talk/attributions and behavioural outcomes. In addition, using TA during the attribution phase, alongside more proactively measuring behaviour would increase the methodological coherence and provide greater evidence to determine the intervention efficacy.

Metaphorically, consider me the captain of a ship, with my supervisor the navy admiral. Through reflective discussions supervision assisted me in opening new segments of the map (e.g. traditional learning experiences; 'wise' interventions), widening my lens (e.g. broadening my perspectives; attributions) and providing support that I am steering in the right direction. These avenues in turn questioned, and provided me space to consider the what, how, why and 'me' of my work. I perceive this broadening of perspectives, and consequential exploration of literature to enable me to meet personal and professional requirements for providing quality, evidence-based practice (Winter & Collins, 2016). Through supervisory guidance, player feedback and my reflections, I perceive the intervention to have been both evidence-based and effective. The intervention may extend literature on the benefits and use of AR programmes (and TA) for athletes (Murray et al., 2020). I believe I found a balance between utilising

evidence and adapting to context. I discussed in supervision the fine balance between adapting (a somewhat limited) evidence-base contextually and using that as free-reign to practice as one pleases. Making the intervention context-specific was important for securing buy-in but did that deviate from empirically-grounded requirements? I perceive I am getting better at finding this balance. I feel I would have found these observations valuable to read when enrolling on the doctorate programme, adding to the applied practice literature of applying interventions.

While I endeavour to hold myself to these standards, it would be disingenuous to claim I understood entirely why every decision was made. The best learning is that which takes place implicitly (Navarro et al., 2018). At points, I did not clearly understand how different directions presented by my supervisor fit in the wider therapeutic picture. For example, attributions: it seemed to fit, there was appropriate literature, and my supervisor recommended it–so why not? With developing knowledge and experience, the proverbial penny dropped. Tackling behaviour change at an emotional level may have had an impact (McArdle & Moore, 2012). However, if a player still held dysfunctional cognitions, it would be like building a castle in the sand. The castle (emotions) would be great when there, but would it sink? In this essence, I felt more confident with CBT, appreciating the importance of selecting the 'target' of an intervention and potential consequences. This further highlights the importance of trainees regularly engaging in supervisory processes and the importance of supervisor-trainee relationships. Supervisors may consider the balance between providing required guidance and opportunities for trainee's self-discovery, while trainee's may seek comfort in navigating the murky waters.

Personal Reflections

On a personal level, a common theme throughout my professional practice, and arguably my life, is a desire to achieve my version of perfection (Flett & Hewitt, 2014). At points throughout this intervention, I have put too much pressure on myself to achieve 'quality'. This initially emerged during the design phase, when meeting my supervisor was challenging.

I now perceive I was seeking approval for myself as a practitioner; and the meaningfulness for the players. Actually, within eventual supervision, I found I often got ‘yes Zoe’ in response, providing greater confidence to control my previously described ship, checking in with my supervisor for navigational advice (Hutter et al., 2017).

Perceived threats to ‘quality’ re-emerged at various points, for example, the instigation of the lockdown (‘how do things look now?’), and were compounded by the challenges of a professional sphere where evidence-based practice is presented as a land of rainbows and butterflies. However, these perceived threats to quality emerge continuously within life, or can depending on how you view them (Meijen et al., 2013). Uncertainty in our role as sport psychologists is common, you may have the ‘perfect intervention’ but what about when the player gets cut, or injured? While the current situation is ‘unprecedented’ the lessons of adaptability reflect a reality of applied practice. Throughout my applied experiences, I regularly discuss adaptability. How do I, or you, adapt to conditions, situations, experiences? The present intervention and circumstances have forced me to consider my adaptability as a trainee, and how I do this while maintaining ethical and professional requirements (Hutter et al., 2017). From seeking evidence-based practice to taking content online or managing boundaries; processes throughout this intervention have led to me having greater self-belief, and a conceptualisation of key qualities in the way I seek to practice. These questions are ones practitioners may consider reflecting on regularly, particularly during the early-stages of applied practice. I, admittedly once again, am feeling a genuine comfort in accepting all I may ever ask of myself is my best, and that usually, while intending to present this as modestly as possible, my best is pretty good.

Our philosophical assumptions underpin how we practice (Poczswardowski et al., 2004). Understanding my values and assumptions is critical to exploring my work, and is something I have considered extensively following supervision. Throughout the intervention I

have repeatedly been aware of the importance of player-practitioner relationships (Mack et al., 2019). For the player, the pivotal factor can often be the personalisation of content. Within this intervention my focus often became how do I get 'me' and my values, respect and investment in those I work with, through a workbook or screen. That being said, I think I am creating a clearer conceptualisation of how I seek to operate, with my practice being underpinned by a holistic philosophical paradigm, even if pulling theoretically from CBT, or more recently ACT, an orientation traditionally considered as highly practitioner-led (Keegan, 2016).

Boundaries is a theme I perceive will be a staple of my reflective practice. The constantly evolving nature of practice and context requires flexibility within the required professionalism (BPS, 2018). On reflection, I perceive myself to have managed boundaries well within this intervention, as I gain a clearer vision of where one role ends, and another begins, to make all services as beneficial for the players as possible (Moore, 2003). While I would consider myself relatively self-aware, this reiterates the importance of supervision and reflective processes, to aid the identification of additional considerations, as how do we know, what we do not know (Hutter et al., 2015). Somewhat ironically, I think the present case could offer a consideration for how we adapt conceived boundaries of practice. Providing an extension to previous literature, with practical considerations for practitioners, and applied benefits for those that we work with.

Concluding Reflection

Managing the uncertainty of a lockdown (and previously a busy supervisor), while trying to satisfy university, personal and professional demands, has asked me if I 'practice what I preach' (Pack et al., 2014). My frustrations were poorly managed, often to little avail. However, in moments of real uncertainty across this process, I have responded more professionally and creatively than I imagined. With that being said, I hope I have learnt to step back, breathe, and consider a more functional perspective, or, dare I say it, attribution.

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617 **Table 1**. *An Intervention Timeline Showing Intervention Phases and Completed Dates*

Intervention Phase	**Phase Dates**
Initial Needs Analysis	Dec-19/Jan-20
Intervention Development	Jan-20/Feb-20
Assessment	Mar-20
Psychoeducation	Mar-20
Attribution Retraining	Mar-20/Apr-20
Evaluation	Apr-20
Follow-Up	Nov-20

618

619 **Table 2.** *Examples of athlete TA Data and Data Coding*

Type	Example 1	Example 2	Example 3
Functional Attribution	'Right, that was unfortunate, here we go, commit to the strike'	'To be honest he just returned like an absolute beast there. That's okay'	'Missed it, not by much, build the point again and take the chance'
Dysfunctional Attribution	'I should have won the set, I'm so unlucky, such a fluke'	'Your actually c***, can't play, there's no point being here'	'The balls are so wet, doesn't bounce, why?'
Instructional Self-Talk	'Take your time here'	'Get down to the ball, bend your legs'	'Cross in to his backhand let's go'
Motivational Self-Talk	'C'mon, let's go'	'Big point, this one, you've got this'	'Use that, right here, let's go'
Reactive Utterances	'C'mon'	'Urghhh'	*Swearing
Other	Scores: '15-30'; '40-0'	'Was that in?'	'Can I have a ball?'

620

621 **Table 3.** *Athlete CDS-II Scores at Assessment, Evaluation and Follow-Up*

ID	Assessment	Evaluation		Follow-Up	
A	4.42	6.67	(+2.25)	7.15	(+.48)
B	5.5	8.13	(+2.63)	8.22	(+.09)
C	6.42	7.77	(+1.35)	8.60	(+.83)
D	4.42	5.93	(+1.51)	6.39	(+.46)
E	5.75	7.24	(+1.49)	7.76	(+.52)
F	4.92	7.06	(+2.14)	7.53	(+.47)
G	1.64	4.49	(+2.85)	5.42	(+.93)
H	3.53	7.42	(+3.89)	7.94	(+.52)

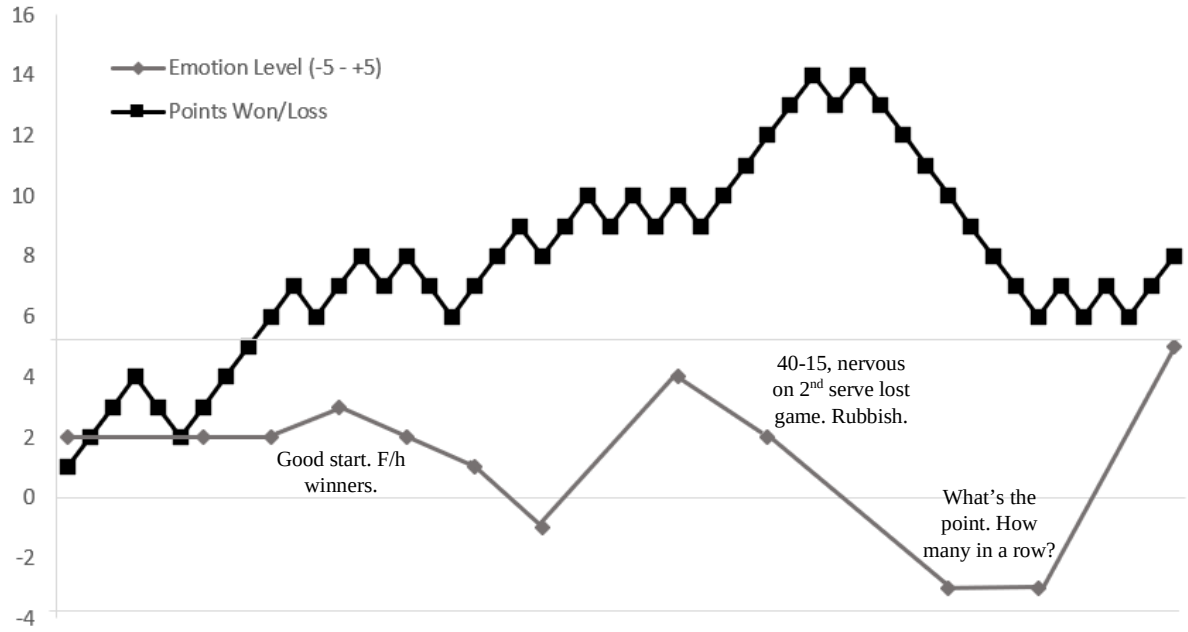
622

623 **Table 4.** *Examples of Changes in Athlete TA from Assessment to Follow-Up*

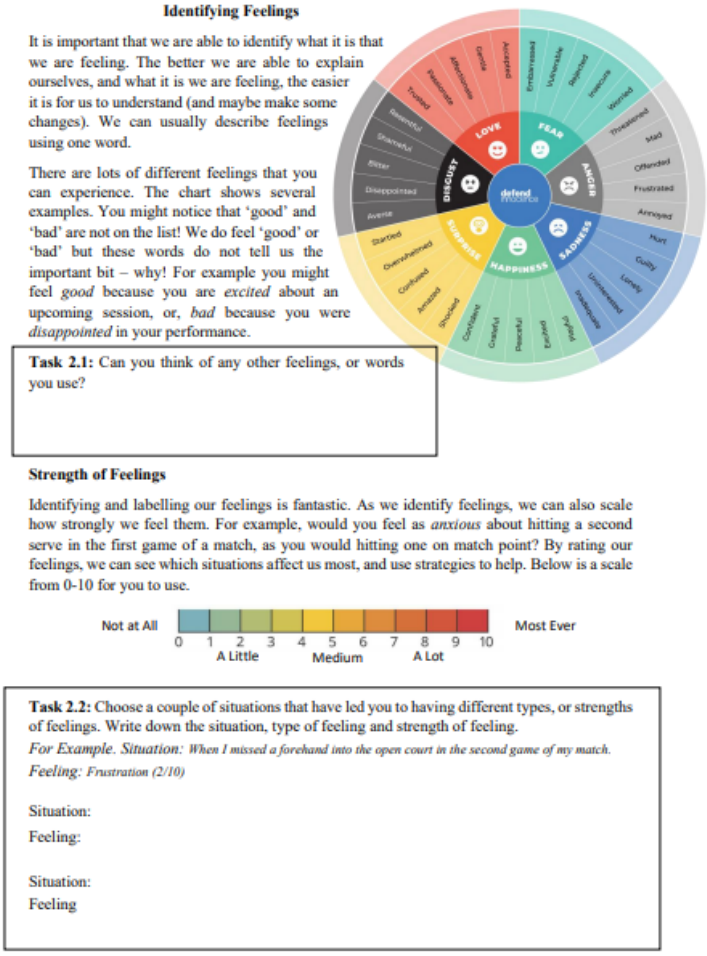
ID	Assessment TA	Follow-Up TA
A	'The wind, it's the wind, I can't do anything in this.'	'Urgh, the weather is awful. Make smarter decisions – spin, speed.'
C	'There's no point in you playing tennis, you are rubbish, awful, s***.'	'poor miss, you're not good enough *exhales* right, move your feet, keep
F	'Urgh god I'm so bad, what's the point, that was such an easy shot, awful.'	'That's annoying, F you're a fool. I just need to be a bit more clinical on chances, I can do that.'
G	'He's so jammy, it's not fair *slams racket*.;	'That's unlucky G, right, c'mon, focus, bounce back here, c'mon, 30-40.'

624

625 **Figure 1.** *Example of Athlete Momentum Chart*



626 **Figure 2.** *Extract of Psychoeducational Workbook*



Identifying Feelings

It is important that we are able to identify what it is that we are feeling. The better we are able to explain ourselves, and what it is we are feeling, the easier it is for us to understand (and maybe make some changes). We can usually describe feelings using one word.

There are lots of different feelings that you can experience. The chart shows several examples. You might notice that 'good' and 'bad' are not on the list! We do feel 'good' or 'bad' but these words do not tell us the important bit – why! For example you might feel *good* because you are *excited* about an upcoming session, or, *bad* because you were *disappointed* in your performance.

Task 2.1: Can you think of any other feelings, or words you use?

Strength of Feelings

Identifying and labelling our feelings is fantastic. As we identify feelings, we can also scale how strongly we feel them. For example, would you feel as *anxious* about hitting a second serve in the first game of a match, as you would hitting one on match point? By rating our feelings, we can see which situations affect us most, and use strategies to help. Below is a scale from 0-10 for you to use.

Task 2.2: Choose a couple of situations that have led you to having different types, or strengths of feelings. Write down the situation, type of feeling and strength of feeling.

For Example. Situation: When I missed a forehand into the open court in the second game of my match.

Feeling: Frustration (2/10)

Situation:

Feeling:

Situation:

Feeling